



MARTEY J. JACKLEY  
ATTORNEY GENERAL

STATE OF SOUTH DAKOTA  
**LAW ENFORCEMENT STANDARDS AND TRAINING COMMISSION**  
DIVISION OF CRIMINAL INVESTIGATION  
GEORGE S. MICKELSON CRIMINAL JUSTICE CENTER  
1302 E. HIGHWAY 14 - Suite 5  
PIERRE, SOUTH DAKOTA 57501-8505

**RECORD OF POLICE CANINE TEAM CERTIFICATION  
AND RECERTIFICATION EVALUATIONS**

**PLEASE PRINT CLEARLY**

Name of Handler: \_\_\_\_\_  
First MI Last

Name of Evaluator: \_\_\_\_\_  
First MI Last

Name of Dog: \_\_\_\_\_

Name of Law Enforcement Agency employing Canine Team: \_\_\_\_\_

Date of Canine Evaluation : \_\_\_\_\_ Site of Canine Evaluation: \_\_\_\_\_

.....

(circle correct one)

The above Canine team has demonstrated and [ MET - FAILED TO MEET ] South Dakota Police Canine Association Standards in the area(s) of:

CHECK ALL THAT APPLY

\_\_\_\_\_ Patrol Dog  
\_\_\_\_\_ Detector Dog – Narcotics  
\_\_\_\_\_ Detector Dog – Explosives

I verify I am qualified and recognized by the South Dakota Law Enforcement Standards and Training Commission as a Canine Evaluator and am authorized by the Commission to assess Canine Teams in the area(s) I have marked above.

\_\_\_\_\_  
Evaluator Signature

\_\_\_\_\_  
Date

This form is to be completed and submitted to Law Enforcement Training when a canine team meets South Dakota standards for certification. The Canine Evaluator shall submit this form to:

Law Enforcement Training  
George S. Mickelson Building  
1302 East Hwy 14 Suite #5  
Pierre, SD 57501-8505

Date received: \_\_\_\_-\_\_\_\_-\_\_\_\_ Exam Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

Date Certificate Sent: \_\_\_\_-\_\_\_\_-\_\_\_\_

Training Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_